

Assumption of Risk and Liability

As a participant in the Northwest Stone Sculptor Association's Symposium retreat at Camp Pilgrim Firs and Conference Center near Port Orchard, WA from July 10 – 18th, 2021. I hereby acknowledge, affirm and represent as follows:

1: NWSSA has taken steps to follow recommended Covid-19 guidelines by the CDC and the State of Washington, as well as the venue, in order to reduce the risk of transmission of Covid-19. However, there is no such thing as a zero-risk scenario in this situation, and there are many unknowns. By signing below, I take full personal responsibility for my health and safety, will use good judgment and follow all policies as outlined by the venue, including entry procedures, testing, social distancing, mask wearing, isolation/quarantine, etc. as requested.

I certify that I will be fully vaccinated (2 weeks past the second Pfizer or Moderna shot and 4 weeks past Johnson & Johnson) by July 9, 2021. Initials for Yes _____ No _____

2. I understand and acknowledge that the retreat will take place both in and out-of-doors. I am aware of the risks associated with activities that take place out of doors, including but not limited to the hazards of traveling in unfamiliar terrain, exposure to sun, rain, wind, unexpected temperature changes and other forces of nature; exposure to poisonous plants and vegetation, wild animals and insects, and accidents or illness in remote places without medical facilities. I am aware of basic safety rules for out of door activities. I will obey and follow any further safety information, instruction or rules offered at the retreat.

3: I understand and acknowledge that the retreat will primarily involve instruction and demonstration in stone and wood handling, cutting and sculpting. I am aware of the inherent risks associated with these activities, including but not limited to respiratory and musculoskeletal hazards. I am aware of the inherent risks of handling hand and power tools. I will obey and follow any further safety information, instruction or rules offered at the retreat.

4: I represent and affirm that I am in good health and am physically fit and full capable to participate in the retreat. I have no allergies, heart problems, epilepsy, physical or mental disabilities or any other medical condition that would place me or the other participants in the retreat at risk of harm or injury.

5: I understand I am responsible for my own safety and or happiness that no one associated with the retreat shall serve as the guardian of my safety and or happiness. I also understand that I am to furnish any equipment or tools I use at the retreat and that I am solely responsible for ensuring such equipment or tools are in safe and good operating condition.

6: In consideration of an as part payment for the right to participate in the retreat and any activities that take place in association with the retreat, I hereby assume full liability for all risks associated with my participation in the retreat and expressly release and hold harmless the Northwest Stone Sculptors Association and Camp Pilgrim Firs and Conference Center, their owners, operators, agents and instructors from any and all liability, action, causes of action, debts, claims and demands of every kind and nature whatsoever which may arise out of or in connection with my participation in the retreat, including but not limited to any occurrence which may result in injury, death or other damages to me or my person. I understand that the terms of this assumption of risk of liability shall also serve as an assumption of risk and release of liability for all members of my family (including minors accompanying me), my heirs and assigns.

7: I consent to allow NWSSA to use images of myself and/or my art in order to document this event or to promote this and other NWSSA events. Initials for Yes _____ No _____

8: I represent and affirm that I am over 18 years of age and that I am legally competent to sign this release of liability. I further represent and affirm that I have signed this release as my own free act.

9: I UNDERSTAND THAT THE TERMS CONTAINED IN THIS RELEASE AGREEMENT ARE CONTRACTURAL AND NOT RECITAL. I FURTHER UNDERSTAND THAT THIS RELEASE AGREEMENT AFFECTS MY LEGAL RIGHTS AND THAT I MAY CONTACT AN ATTORNEY OF MY CHOICE BEFORE I SIGN THIS RELEASE AGREEMENT IF I HAVE ANY QUESTIONS ABOUT HOW THIS RELEASE AGREEMENT AFFECTS MY RIGHTS.

10: I FULLY INFORMED MYSELF OF THE CONTENT OF THIS RELEASE AGREEMENT BY READING IT BEFORE I SIGNED IT.

Date: _____ Printed Name: _____

Signed: _____